

The Higher Way Church - Jones Memorial United Methodist
CALENDAR/EVENT & FACILITY REQUEST

All calendar/event requests must be received **no fewer than 45 days prior to the event** – *events are pending until approved.*

DATE SUBMITTED: _____ REQUESTED BY: _____ PHONE: _____

MINISTRY / ORG: _____ EMAIL: _____

EVENT NAME: _____ LOCATION (If off-site) _____

EVENT DATE(S): _____

DAY(S) REQUIRED: Sun Mon Tue Wed Thu Fri Sat

ONGOING EVENT? No Yes FREQUENCY: As Needed Weekly Bi-weekly Monthly

EVENT TIME: _____ END: _____ RESERVE TIME: Setup _____ Teardown _____

BULLETIN ANNOUNCEMENT, if applicable: (Provide text) _____

ROOM & SETUP: Sanctuary Fellowship Hall Youth Rm (128) Prayer Rm (136) Choir Rm
 Classroom(s) # _____ Other _____

NUMBER OF PEOPLE: _____ NUMBER OF CHAIRS: _____ NUMBER OF TABLES: _____

REGISTRATION: Table in Foyer? _____ After: 8:45 11 am Start Date: _____ End Date: _____
(Subject to approval)

SETUP STYLE: None Required

- | | |
|--|--|
| <input type="checkbox"/> LECTURE (chairs in rows) | <input type="checkbox"/> CONFERENCE U-SHAPE (table in u shape with chairs) |
| <input type="checkbox"/> CONFERENCE (center tables with chairs around table) | <input type="checkbox"/> CLASSROOM (chairs in rows & tables and chairs in front) |
| <input type="checkbox"/> BUFFET (tables only _____) | <input type="checkbox"/> WORKSHOP (tables and chairs in rows) |
| <input type="checkbox"/> RESTAURANT (ROUND tables with chairs) | <input type="checkbox"/> OTHER: Provide a written diagram of the setup |

ADDITIONAL NEEDS:

- | | | |
|--|--|--|
| <input type="checkbox"/> KITCHEN | <input type="checkbox"/> REGISTRATION TABLE | <input type="checkbox"/> PODIUM |
| <input type="checkbox"/> AUDIO/VISUAL SERVICES * | <input type="checkbox"/> TELEVISION | <input type="checkbox"/> DVD PLAYER |
| <input type="checkbox"/> CHILD CARE * | <input type="checkbox"/> PROJECTOR | <input type="checkbox"/> EASEL |
| <input type="checkbox"/> EXTRA CUSTODIAL (setup or teardown) * | <input type="checkbox"/> DRY ERASE BOARD (no markers) | <input type="checkbox"/> FOOD PERMIT* |
| <input type="checkbox"/> EXTRA SECURITY (afterhours) * | <input type="checkbox"/> EXTENSION CORD (specify length) | <input type="checkbox"/> ICE CHESTS & ICE _____
(How many?) |

(Food Permits MUST be requested 14 days prior to the event date to avoid a \$55 late fee.)

NOTES/COMMENTS: _____

Events will be approved or denied within 15 days of receipt of the request. **Costs and special arrangements apply to services indicated by *** (audio/visual, childcare, food permit, etc.). Complete the form and return it to the Church Secretary via email (churchsecretary@joneshigherwayumc.com), fax (713-733-9404), or deliver it to the Church Office.

OFFICE USE ONLY:

APPROVED BY: _____ DATE: _____